

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

See Instructions and *Privacy
Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME

Kathy Radtkey-Gaither

SSAN OR EMPLOYEE NUMBER*

DEPARTMENT

Governor's Office

POSITION

Undersecretary

CB/ID NUMBER

DIVISION OR BUREAU

Office of the Secretary of Education

INDEX NUMBER

131

RESIDENCE ADDRESS *

1121 L Street #600

HEADQUARTERS ADDRESS

1121 L Street #600

TELEPHONE NUMBER

916-322-9204

CITY

Sacramento

STATE

CA

ZIP CODE

95814

CITY

Sacramento

STATE

CA

ZIP CODE

95814

1) MONTH/YEAR

May 09

(3)

LOCATION
WHERE EXPENSES
WERE INCURRED

(4)

LODGING

(5)

MEALS

BREAK-
FAST

LUNCH

O.T., L/T,
N/C, RELO.
OR DINNER

(6)

INCIDENTALS

(7)

TRANSPORTATION

(A)

COST OF
TRANS.

(B)

TYPE
USED

(C)

CARFARE,
TOLLS,
PARKING

(D)

PRIVATE CAR USE

MILES

AMOUNT

(8)

BUSINESS
EXPENSE

(9)

TOTAL
EXPENSES
FOR DAY(2)
DATE TIME

21

1100

Sacramento

220.06

220.06

(10)

SUBTOTALS

220.06

220.06

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 220.06

(1) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Note: Late hotel reservations cancelled due to Governor's Meeting. Speaking engagement to CSSEA conference. Overage fee due to hotel conference and only hotel for speaking engagement. Did not have state rate.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

5) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, c

CLAIM

DATE

5-18-09

(16.) SIGNATURE

AND PAYMENT

DATE

5/18/09

Governor's Office

INDEX NUMBER

131

TELEPHONE NUMBER

916-322-9204

ZIP CODE

95814

(9)

EXPENSES
FOR DAY

171.88

153.70

325.58

\$ 325.58

PAID BY REVOLVING FUND CHECK NUMBER

DATE _____

8/2/09